



Increasing Understanding of **Mental Health**

Phase 2 Report April 2022

The views of service users on what would help increase awareness on matters relating to mental health



“ The motivation for this work is to match appropriate staff training within the projects, to the areas identified by the service users, particularly in the area of mental health.

Marie Lynch, Independent Consultant



The South Inner City Drugs and Alcohol Task Force (SICDATF) is a voluntary, statutory and community services partnership, implementing the National Drug Strategy [*Reducing Harm; Supporting Recovery DOH 2017*](#) on a local level.

Over the past few years, the SICDATF subgroup Strategic Support for Service Users and Services has been working on the [*Organisational Cultures of Quality Care*](#) concept. One of the work plan actions was to explore service user involvement mechanisms that are creative, interactive, respectful of personal autonomy, and allow for ongoing engagement with service users to be active stakeholders in their treatment journey. Parallel to this, services identify the increasing mental health needs of clients every year with a request for staff training to improve responses. The motivation for this work is to match appropriate staff training within the projects, to the areas identified by the service users, particularly in the area of mental health. By involving service users in every phase of this work, the outcomes have provided significant direction and guidance for services and staff training.

Marie Lynch, Independent Consultant, was appointed to carry out this work on behalf of SICDATF.



“

I think the fact that you can talk so openly about people sets a great example and pace. You are demonstrating a whole different approach to this, not something you have to hide.

Quote from participant

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Key Points

Firstly, a big thank you to the 56 participants who contributed to this project across the three Tiglin sites. Thank you for sharing your insights, wisdom and experience so openly and honestly. Without your commitment, this project wouldn't have happened. Thanks also to the key contacts at each site for enabling such engagement.

The consultation and survey findings highlighted some key concerns and considerations in relation to what would help increase mental health awareness. As all of the participants had close or first-hand experience of living with addiction, the insights are particularly informative for future planning for this group of individuals. These are poignantly illustrated in the quotes in the main report and Appendix 3 'In their own words.'

As well as highlighting the key points that were raised, this section also reflects on similarities with themes that emerged from phase 1 of this project. This section also includes the recommendations from the report.

All participants who engaged in the consultation spoke extremely positively of their engagement and experiences of services with Tiglin. The comments about service improvements or negative experiences related to what they encountered prior to accessing services from Tiglin.

The link between mental health and addiction

The need for greater awareness and a combined approach to people with mental health needs who also have experienced problematic substance misuse. The participants reflected on their distress and dismay when their mental health issues were not considered in conjunction with their needs presented in relation to their addiction. This theme also emerged in the first phase of the project.

Awareness of experiences of those who live with mental health issues

Numerous personal and painful experiences were shared detailing a sense of isolation, anxiety, feeling overwhelmed, not feeling understood, and not feeling listened to. The lived experiences of those with mental health issues are instrumental and powerful to help society understand and gain insights into the challenges and emotional journey people living with mental health issues face. This topic was also noted in the first phase of the project.

The participants reflected on their distress and dismay when their mental health issues were not considered in conjunction with their needs presented in relation to their addiction.

The challenge to find the words to express the impact of the mental health issues they are experiencing was highlighted by many of the participants and signals the need for more awareness and education on matters relating to mental health.

Family support

There was deep insight into the personal and emotional toll that families experience as part of the experiences that family members shared. The enormous value that was placed on the availability of peer support/ family support groups for families is an important signpost for future service planning. The struggle to maintain healthy relationships with family members was represented by all participants and this area also requires more attention.

Services

The challenge of navigating mental health services was a common concern by all participants, and this was also raised in the first phase of this project. The value placed on face-to-face contact and counselling service, particularly as an introduction to services is helpful in terms of services planning.

What has made a difference

Having someone available to listen, who has lived experience and does not judge or dismiss what a person says is what all participants have valued most.

In addition, routine, structure, expert advice and consistent information have helped participants in their recovery and understanding.

The participants were deeply appreciative of being asked directly about their experience, and the majority indicated they would like to become involved in building awareness on this topic.

Recommendations

1. Advocacy and Peer Support

The value of lived experience in supporting people living with mental health issues is recognised within Tiglin Services.

- » Opportunities to expand the current peer support models should be explored across all service settings on a national basis
- » Cultivate safe places within the local community to access peer support

2. Family Support

- » The family support services recognise the pain and isolation experienced by family members of those accessing Tiglin Services
- » More resources are required for family support initiatives that specifically address mental health needs
- » Increasing the range of support for families nationally would make a difference to all those impacted

3. Language

- » Helping people find the right words to express what they are experiencing is a key component of services in Tiglin
- » Public awareness opportunities would assist in enabling people to understand the terminology used and find the words to articulate the emotions they are feeling.

4. Services

- » Knowing where to go for help before people reach services such as Tiglin can be frustrating and result in hesitancy.
- » Innovative ways to make the general public aware of services available for people with mental health issues are needed.
- » Develop and distribute a directory of local and national mental health support services



1. Introduction

- » As part of its commitment to improving information and understanding on matters relating to mental health, SICDATF sought to find out from service users what would help increase mental health awareness based on their experiences and insights.
- » It is envisaged that the findings from this work would inform how SICDATF's funded projects could be adapted to enhance their response to the mental health needs of their clients.
- » Following a tender for the work, a consultant (Marie Lynch – referred to as ML in this report) was employed by SICDAFT to carry out the consultation process in Jan 2021.
- » The first phase of the project was completed in July 2021 and engaged 4 organisations in the Dublin area. A report on this phase is available on request.
- » This is the report on the second phase of the project, which was based in Tiglin. It involved participants from the women's and men's residential services, and those engaged with the family service.
- » Assurances were given to all participants and organisations that the information they shared would remain confidential and anonymous. Consequently, this report does not identify any data or information from participants.
- » Co-production¹ was a key foundation to the approach to the project, so service users and contact points in the organisations and SICDATF were involved in the design and planning of the consultations, and they also were invited to comment on and input the draft version of this report.

“ It has been hard sometimes to get my view across – whether good or bad mental health it can be hard to explain. ”

1 Co-production in practice requires each stakeholder to understand and offer the distinctive contribution that they bring to the process. It also requires them to be generous in facilitating the other stakeholders in making their distinctive contributions to the process. When all parties come to the table with that approach then co-production can happen. HSE Co-production in Practice Guidance Document 2018 - 2020



2. Relevant reports, literature and resources

The following reports, policy documents and links provide the context and framework for this work:

- » [Dual Recovery: A qualitative exploration of the views of stakeholders working in mental health, substance use, and homelessness in Ireland on the barriers to recovery for individuals with a Dual Diagnosis](#) MHR 2022
- » [Sharing the Vision - A mental health policy for everyone.](#) DOH 2020
- » [The Role of Mental Health in Public Policy Document](#) UCD March 2021
- » [HSE Co-production in Practice Guidance Document 2018 - 2020](#)
- » [HSE Addiction Services Co-Production Framework 2018](#)
- » [National Framework for Recovery in Mental Health 2018 - 2020](#) HSE
- » SICDATF Quality Framework for the (HSE) National Standards for Safer Better Health Care (SBHC) (May 2020)
- » [MindMatters COI summary report](#)
- » [Mental Health Engagement and Recovery ARI HSE](#)
- » [Seechange](#) is An Irish organisation seeking to address the mental health stigma

3. Methodology

This section outlines the four key mechanisms which were utilised to gather information on what would help increase mental health awareness

- A.** Engagement with staff contact points in each site to enable co-production
- B.** Consultation meetings with service users, with the staff contact present
- C.** Survey development and distribution, via staff contact person
- D.** Consent and confidentiality

A. Engagement with Staff Contact points

- » Staff contact points were appointed in each of the 3 locations, Men's Residential, Women's Residential and Family Support Service Tiglin.
- » Initial meetings were held with ML and the contact persons to discuss and outline the project objectives, and the commitment required. These meetings addressed the principle of and use of co-production methods as part of the project process, as well as the need to ensure consent is sought from each service user prior to their participation².
- » The timelines and coordination required from the contact points within each organisation were also clarified and the report of the first phase was shared.
- » Recruitment of service users was open to people interested in participating, and it was not a requirement that they had direct experience of mental health issues.
- » Service user policies from each organisation were shared with the ML.

Initial meetings were held with ML and each organisation's contact person to discuss and outline the project objectives, and the commitment required.

- » Co-production steps were agreed upon to maximise input from the service users in the design and implementation of the project as indicated in the text box below.

Co-production steps

- » Preplanning meetings were held with service user and contact person from each organisation to discuss how to maximise engagement with the service users in the consultation meeting, considering timing of the meeting, language used, what information people would receive in advance, what assurances and information service users would like to encourage their participation.
- » Information was shared with the service users ahead of the consultation meeting, which were adapted to meet the needs of each group.
- » Themes gathered from the consultation groups were shared with the service users for their comments or changes
- » Draft survey was shared with service users for their feedback via the contact point. Feedback re wording, language and format was received and survey was updated.

B. Consultation Meetings

- » The prompts for discussion for the consultation meetings were based on guidance within the tender as well as a review of desktop literature and learnings from the first phase. The consultation meeting was entitled 'Increasing Mental Health Awareness, and the prompts for discussion included what helps, what's hard, what works, tips to cope, and would you do anything differently. Following the consultation meeting, these video links were shared:
- » Jigsaw: [What is Mental Health](#) Mental Health Ireland: [Five Ways to Wellbeing](#)
- » At the start of each meeting, the confidentiality code was reiterated, and participants were reassured that they could leave the meeting at any time.

² Consent records were stored by each organisation



- » A total of 3 consultation meetings were held, one online via Zoom and two on-site
- » The total number of service users who participated in the consultation meetings was 27, and the attendance ranged from 2 to 9. See table 1 below for the breakdown of participants per site.
- » A summary of themes from each consultation meeting was shared with the organisation's contact point, who subsequently shared it with a selection of the service users to sense check for accuracy and omissions. Any feedback was incorporated into the final version.

C. Surveys

- » The themes were combined from each of the consultation meetings, and they informed the development of the draft survey.
- » A draft survey was circulated to the contact person at each site, and constructive feedback regarding rewording and question design was received.
- » The final version accommodated feedback. Additional questions were added to the questionnaire distributed to the family service.
- » A separate web link was created for each site, and this was shared with the contact persons in each organisation, so they could circulate it to their service users for completion over two weeks.
- » One organisation requested PDF versions to facilitate completion.

- » Due to an unanticipated changeover of service users in one site, the people who participated in the survey did not have an opportunity to participate in the consultation meeting.
- » A copy of the final survey is in appendix 1.
- » A total of 29 surveys were returned from the 3 participating sites – see table 1 below for a breakdown of responses per site.
- » Each organisation received a report on the survey returns from their site.

TABLE 1

SITE	# Participating in consultations	# Returned Surveys
M	18	17
F	6	5
FS	3	7
TOTAL	27	29

D. Confidentiality and Consent

- » As well as adhering to the organisation's confidentiality policy and service user engagement policy, protocols were applied to ensure the approach was following [HSE Privacy Statement](#) and [HSE Data Protection Policy](#) 2019 (meeting General Data Protection Regulations).

4. Findings from Consultation meetings, surveys

4.1 Consultation findings

Consistent across the three consultation meetings was the need for a greater understanding of the link between addiction and mental health. Participants reported that too often people put mental health struggles down to addiction, rather than it being the other way round. There was consensus that there needed to be more understanding and education as to how the needs of those presenting with mental health and addiction (dual diagnosis) issues can be considered together, rather than treated in isolation.

*We need huge education around mental health.
We need much more info about addiction.*

My mental health suffered because of my addiction

*Because you are an addict some meds mess you up.
Instead, if they say we try you with this, but it's
going to be temporary – we will stabilise you and
then see the way your mental health is and then we
can do something else with you.*

There was also consensus amongst the participants for explanations, using layman's terms, to clarify what is happening when people are unwell, what can cause people to become mentally unwell, and also what can cause people to become addicted to drugs. It was recommended that as well as targeting awareness campaigns to those directly impacted, they should extend to youth clubs, schools and mainstream media.

Very difficult to word what you are feeling.

*We need our children to be educated about drugs,
about mental health awareness. We need so much
more for our young people.*

They need to be listened to without being dismissed, which was also a theme common across the three consultation meetings. All participants stressed the point about being believed and feeling understood, and several

participants noted this was so important in building trust.

*They don't take the time because we are addicts.
They don't want to listen because we are addicts.*

*The last thing we need is tablets. But it's the easy
way out.*

*Someone taking the time to listen. That's the only
thing that helped me.*

All the participants agreed that it would be hugely beneficial to improve the awareness of and access to available services.

*All I know is Emergency Department and phone
lines*

*It took an extreme crisis point for them to get seen
to and get some help and be listened to*

*I wouldn't know what to do. I wouldn't know
who to link with. I wouldn't know where to go.
I wouldn't have a clue.*

On this theme, some of the participants observed that the services were one-dimensional, with little or no choice available. Others noted the lack of consistency from health care professionals about language, services available and treatment pathways.

*I really got no counselling. Nothing. It was all
tablets. They don't want to hear you. They just
want to dose you up. They don't want to hear your
voice.*

*They don't want to know what's going on for you
or what your opinion is on it.*

You are getting conflicting advice.



Consistent across the three consultation meetings was the need for a greater understanding of the link between addiction and mental health. Participants reported that too often people put mental health struggles down to addiction, rather than it being the other way round.

The need for enhanced family support was also unanimously recommended, and there was an acknowledgement from those in the women's and men's residential services about how hard it is for families to understand, how painful it is for families, and that they would value more specific supports for families. The participants from both residential sites also remarked about how hard it is to talk to family about what they are experiencing, and particularly difficult when setbacks occur. This was reflected in the input from family participants, who spoke about the emotional and personal toll they faced in their journey, as they sought to support their loved ones. They also noted how alone and isolating it is, and how hard it is to understand and support their loved one, whilst also looking after the needs of other family members.

It's very scary you know what I mean when you are going through that.

I would love to be able to express my feelings more... With my family, if they understood it. They just ask too many questions.

Very hard to try and explain yourself over and over again

As a parent, you often blame yourself for what did you do, what didn't you do, when they were young. I think that initially stops parents going for support or some kind of help.

You have to build your strength so you can care for others I am no good to anyone if I am not ok.

I couldn't have got through without the family meetings

The difficulty in finding the right words to express and explain what is happening when people are experiencing difficulties with their mental health was noted by both the men and women who participated. Several of the male participants also remarked that they were afraid to open up, due to the fear of getting emotional.

I rather give an easy answer not talk out loud and hide it inside. I hide everything inside

its scary getting emotional

I try to explain without getting emotional – yet that blocks everything

Understanding your own emotional ...having language around emotions.

Some of the women participants spoke about their reluctance to open up and tell the truth about their own situation, for fear that their children would be taken away.

It was just myself with my kids. I didn't want them to build more of a case on me. I didn't want to give the social workers anything to go on to say my mental health wasn't good. I just didn't know who to talk to. I kept it to myself

Both the male and female participants reflected on the irony and challenge of accepting prescribed medications due to their insights into their addiction. Some reported instances of being overprescribed, and others noted how it helped when they managed to take their prescribed medications at the right time.

Taking meds properly at the right time. I did that consistently.

They just put me on loads of medication. That's it and good luck. For 6 months.

The pain and insights of experiencing mental health problems were clearly articulated by the male participants when they described how they didn't want to be around people and found it easier to hide their feelings. This in turn leads to self-doubt, anxiety and suicidal thoughts, and not knowing how to stop the spiral. They also described the discomfort of physical symptoms related to anxiety and panic attacks.

In terms of what helped, both the women and men concurred that having structure, exercise, journaling, safe environments and people who take the time to listen made a positive difference. The value of peer support

As a parent, you often blame yourself for what did you do, what didn't you do, when they were young. I think that initially stops parents going for support or some kind of help.

was stressed by male participants, as well as having positive people around. They would like to see more community groups to be available to support people with mental health difficulties.

Listening to everyone talk and realising I wasn't as much on my own.

If you haven't experienced don't tell me. If you haven't lived my life don't tell me.

Someone to ask you how you are Goes a long way. Being around like minded people, giving you the time of day. Having a conversation. Someone to put a smile on your face.

4.2 Survey findings

The responses from the 29 service users linked to the 3 participating sites are detailed in the combined format in Appendix 2.

The key findings from each of the questions are outlined below.

When asked to consider why increasing mental health is important, whilst the majority were in agreement with all the reasons given, the men's service top preference was that people are afraid to talk about their mental health and the women's service top preference was because people are worried about the consequences to their families. Of note, the latter option was the lowest ranked by family service participants.

Just as physically injured patient is in a need of a doctor, so is a mentally challenged patient. If not in more need as their disability is hidden. It might not show so a band-aid isn't applicable and so a lot suffer in silence or the opposite They lash out or pretend and this is response of not being understood or alienated.

Each individual is unique and so not the same treatment is applied.

More people need to realise its okay to be open about their mental health.

All participants agreed that mental health services for people living with addiction, access to 24-hour support and support for families and talking to people who have similar experiences were important when asked what mental health supports should be more readily available. Talking to people who have similar experiences was rated important by participants from both residential sites, whereas information on services available was given more priority by participants from the family service. People taking the time to listen was listed highest by the male participants.

Every little step helps as mental health is a complicated and complex not to mention diverse topic. Who can understand it? the tip of the iceberg is as far as one can hope to get.

When asked to consider what format people would like to receive information on mental health, all agreed their preference would be as part of a one-to-one session with a key worker or health professional, and they also showed a preference for receiving information from someone who has had the same experience as themselves. Accessing information online, or by phone was rated higher than leaflet format.

In response to the question on what initiatives would benefit family members, all agreed that access to counselling would be beneficial. Family respondents also highly ranked information on how to support people who are living with mental illness and information on mental health services.

Every little help and each person plays a part in recovery/stabilisation, control and understanding even as little as they can.

The next question asked respondents to rate what initiatives would help increase public awareness of mental health. There was consensus amongst all those surveyed that the most important initiative would be information sessions in secondary schools and youth clubs, with media awareness campaigns also rated high. Family responses were also high on tips and suggestions on what to say/ how to help people who are in distress. Of note, across all responses, the least rank was given to information on how people can look after their mental health.

When asked to consider what initiatives would help improve everyone's mental health, there was agreement from all the participants that increasing staff expertise in mental health would be important. The women's and men's services were in agreement that groups on mental health in the community would be helpful, as well as specific support for mums with mental health issues. The respondents from the family service and the women's service also highly ranked more information on how to access services that are there, with family service specifically requesting info on what services are funded by the state.

In terms of further engagement, the majority of respondents indicated that they would be happy to remain involved in helping to increase people's awareness of mental health, and both the male and female respondents indicated the preference would be to talk to young people and share their story. The family participants' preference was to get involved in peer support initiatives and contribute to content for leaflets and posters. The comments below indicated other suggestions from the comment box, as well as indicating their support for this initiative.

This is a vast and misunderstood condition and I look forward to feedback

More talks in the community

Mental health awareness in the workplace

5. Discussion

5. Discussion

The key emerging themes from the consultation meetings and the survey responses were the need for increased understanding of the link between mental health and addiction; awareness of the experiences of those who live with mental health issues; impact on families; and the challenges in terms of service provision. The final theme focuses on what has helped and what could be improved.

These themes are explored in more detail below. This section also references some learning points to take from this phase of the work.

5.1 The link between mental health and addiction

As all the participants were linked to a service that supports people with addiction, it is not surprising to see that respondents gave insights about how their mental needs were not considered in conjunction with the needs of someone who had experienced issues relating to addiction. They reflected on the impact and irony of being prescribed medications, which had addictive components, for their mental health without supervision. They described the dismay and distress when their mental needs were dismissed or not addressed because of their presenting addiction issues, and how as a result they were not able to participate in suggested treatment, because they didn't feel understood. As part of their recovery experience, the respondents have reflected on the importance of dedicating time to their mental health and well-being and how this has helped them to understand the issues they have in relation to addiction.

5.2 Awareness of the experiences of those who live with mental health issues

There was resonance amongst all the respondents about how isolating and lonely it can be when someone is experiencing mental health issues. It was acknowledged by many that there is a reluctance to talk about feelings, because of fear, self-doubt, potential consequences to families and earlier experiences of not being listened to, and this reinforces the isolation. It was noted that as the mental pain they are experiencing can be invisible or hidden, this can also make it difficult to explain or be understood. The stigma attached to talking about mental health issues compounds the situation, particularly as people can't easily find the words to express the mental turmoil they are experiencing.

5.3 Family Support

The level of the emotional and personal toll that families experience was highlighted both by the family members who participated, and the participants from residential settings. The specific challenges that exist for families when supporting someone who is living with addiction include isolation, not knowing where to go for support, a sense of guilt and shame, not knowing how to broach the topic with their family members, as well as the pressure to keep routines going in the home. There was a similarity with how the participants from the residential settings described how their relationships with their families were affected, in addition to the difficulty in trying to explain to their family members what they were experiencing and how hard it was to talk about any setbacks.



5.4 Services available

The lack of awareness of services available and the challenges in navigating the health services was a common theme, as well as the need for services to be better resourced, greater choices for treatment options, increased counselling services and access to 24-hour emergency services. Taking account of the difficulties encountered by those living with mental health issues outlined earlier in this section, the challenges of finding out about relevant services available and the courage to access them cannot be underestimated.

5.5 What has made a difference

Rich and practical insights were shared from participants as to what has worked for them as they have lived with or alongside mental health issues over the years.

Peer support

The value placed on hearing from people with similar experiences was continually stressed by both the families and the participants from residential settings. Such contact reduced isolation and enabled people to feel immediately understood. These connections also provided help with signposting services that are available, as well as a vital link to encourage and support them as they navigated challenges that occurred.

In this regard, it is relevant to note that the majority of respondents indicated that they would be interested in peer support initiatives in the future.

Finding the right words

When people were equipped with the words to express how they were feeling, and then understand why they were feeling that way, this, in turn, enhanced their ability to communicate and relate with others. The responsibility for helping people find the right words falls on everyone, with the leadership coming from those responsible for service provision and delivery.

Services

Participants valued where access to services was open and transparent. Services for people with mental health issues are not always easy to identify or access, and ongoing awareness initiatives are required to inform the general public, including the establishment of community-based mental health groups.

Looking after yourself

The importance of looking after yourself was stressed. Participants found routine, structure and exercise all helped, as well as making contact with people who could listen and understand.



6. Recommendations

6.1 Advocacy and Peer Support

The value of lived experience in supporting people living with mental health issues is recognised within Tiglin Services.

- » Opportunities to expand the current peer support models should be explored across all service settings on a national basis

6.2 Family Support

The family support services recognise the pain and isolation experienced by family members of those accessing Tiglin Services

- » Increasing the range of support for families nationally would make a difference to all those impacted

6.3 Language

Helping people find the right words to express what they are experiencing is a key component of services in Tiglin



Knowing where to go for help before people reach services such as Tiglin can be frustrating and result in hesitancy.

- » Public awareness opportunities would assist in enabling people to understand the terminology used and find the words to articulate the emotions they are feeling.

6.4 Services

Knowing where to go for help before people reach services such as Tiglin can be frustrating and result in hesitancy.

- » Innovative ways to make the general public aware of services available for people with mental health issues are needed.
- » Promote and distribute directory of local and national mental health support services .

7. Next Steps

The findings and recommendations from the report will be shared with relevant stakeholders of the SICDATF, including the appropriate funding bodies.

Opportunities will be sought to share the findings of the report at relevant seminars and events.



Opportunities will be sought to share the findings of the report at relevant seminars and events. in the participating organisations. Your investment in increasing awareness of mental health is evident from the participant engagement and high response rate achieved.



Acknowledgements

Without your commitment, this project would not have taken place.

Appendix 1 Survey Questions

The nine questions used for the survey are detailed on the next four pages.

"Increasing Awareness of Mental Health Matters"

Your Opinion Matters

South Inner City Drugs Task Force (SICDATF) wants to increase awareness on matters relating to Mental Health.

We are asking you, and other people who avail of Tiglin services, on ways that that this can happen, based on your experience, insights and expertise.

We have prepared a short (5 minute) survey to get your views. The survey is completely anonymous.

The answers will give guidance and direction to service providers of the changes that should be made, in order that the mental health needs of service users get more recognition and mental health services are improved.

The questions focus on what would help you, your family and friends as well as the general public.

Thank you for taking the time to complete the survey.

**Marie Lynch
on behalf of SICDATF**

1. Why do you think increasing Mental Health Awareness is important? Please tick which ones you agree with.

☐ Because some people in distress don't know where to go for help

☐ Because people are isolated and need more support

☐ Because people find it hard to find the words to explain how they are feeling

☐ Because people need more information about how to look after their own mental health

☐ Because people are afraid to talk about their own mental health

☐ Because people are worried about the consequences to their families

☐ Other (please specify)

2. Please tick which of these mental health supports you think should be more readily available

- ☐ Talking to people who have similar experience
- ☐ Mental health services for people living with addiction (dual diagnosis)
- ☐ Safe environments
- ☐ Family support and information
- ☐ People taking the time to listen so I can be understood
- ☐ Explanation on the side effects of drugs and medication
- ☐ Access to 24 hour support
- ☐ Information on services available
- ☐ Other (please specify)
- ☐ None of the above

3. What is your preferred format for receiving information on mental health?
Please list 1 being your first preference and 5 least preferred.

- ☐ Part of 1:1 sessions with key worker or health professional
- ☐ Leaflets
- ☐ Website
- ☐ Phone/Online support
- ☐ Radio or TV
- ☐ From someone who has had the same experience as me

4. Please tick which of these initiatives that you think would be of benefit to **family members or friends** of those experiencing mental health issues.

- ☐ Information how to support people who are living with mental illness
- ☐ Specific information that is relevant to the person they want to support
- ☐ Access to counselling for support
- ☐ Access to group sessions for families/friends
- ☐ Information on mental health services
- ☐ Other (please specify)

5. Which of these initiatives do you think would help increase **Public Awareness** on matters relating to mental health?

Please rank in order of 1 being the most important and 5 least important.

- ☐ Mental Health Awareness Campaigns on the Radio, Television and Social Media
- ☐ Mental Health Awareness posters on Bill Boards, Buses, Taxis, Trains
- ☐ Mental Health information sessions in secondary schools and in Youth clubs
- ☐ Tips and suggestions on what to say/how to help people who are in emotional distress
- ☐ Information Leaflets about how to look after their own mental health

6. In order to improve **everyone's mental health**, please tick which of these initiatives you think are important?

- | | |
|--|---|
| ☐ Groups on mental health in the community | ☐ Specific support for mum's with mental health issues |
| ☐ Sensitive use of language to avoid being labelled | ☐ Better access for crisis situations |
| ☐ Increasing staff expertise in mental health | ☐ Group sessions for families |
| ☐ Male specific awareness campaigns | ☐ More info on how to access the services that are there |
| ☐ More peer led support | ☐ Increase public understanding of dual diagnosis |

Other (please specify)

7. Would you like to remain involved in helping increase people's awareness of mental health?

- ☐ Yes
- ☐ Maybe
- ☐ No

8. If you answered **yes or maybe** to question 7, please indicate how you would like to get involved.

- ☐ Peer support initiatives
- ☐ Contribute content for mental health leaflets and posters
- ☐ Sharing my story to increase understanding
- ☐ Talking to young people
- ☐ Other (please specify)

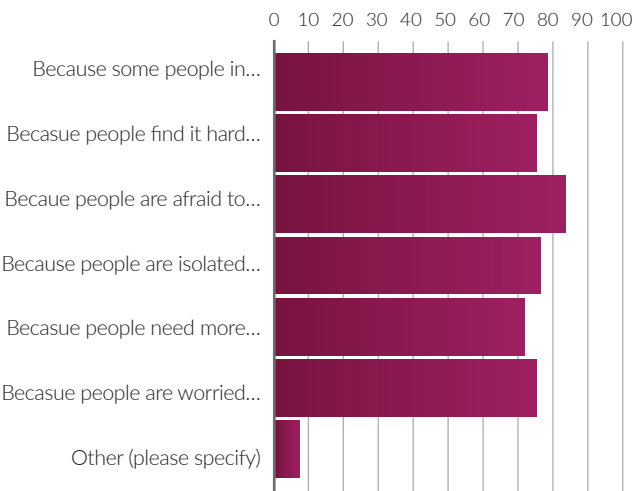
9. Please use the box below for any more thoughts or suggestions you have on this topic.

Appendix 2 Compiled answers to survey from 3 sites

The following four pages outline the 114 survey responses from the 5 participant organisations of 8 questions. (Appendix 3 references question 9).

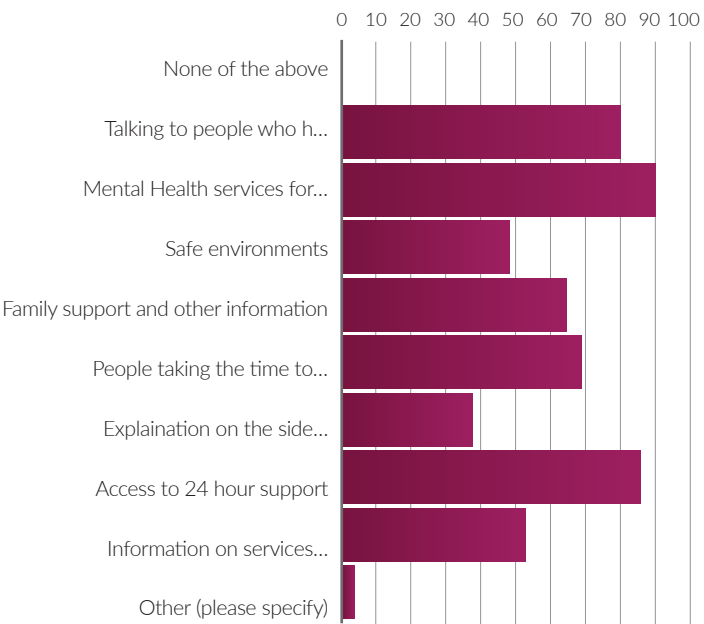
Q.1 Why do you think increasing Mental Health Awareness is important? Please tick which ones you agree with.

Answered: 29 Skipped: 0



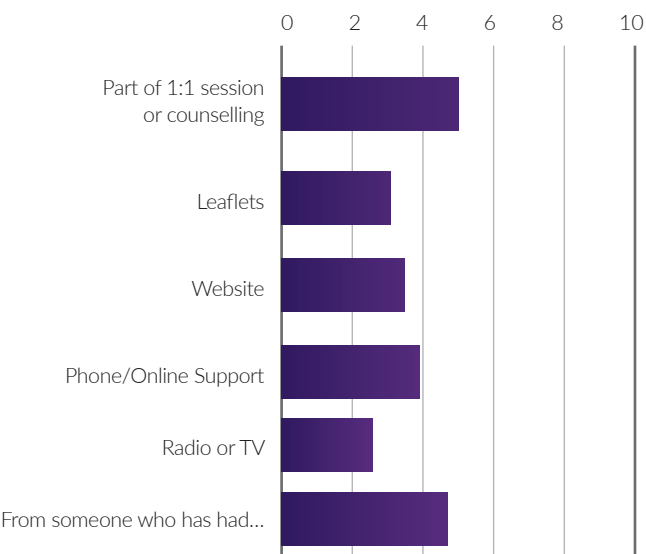
Q.2 Please tick which of these mental health supports you think should be more readily available

Answered: 29 Skipped: 0



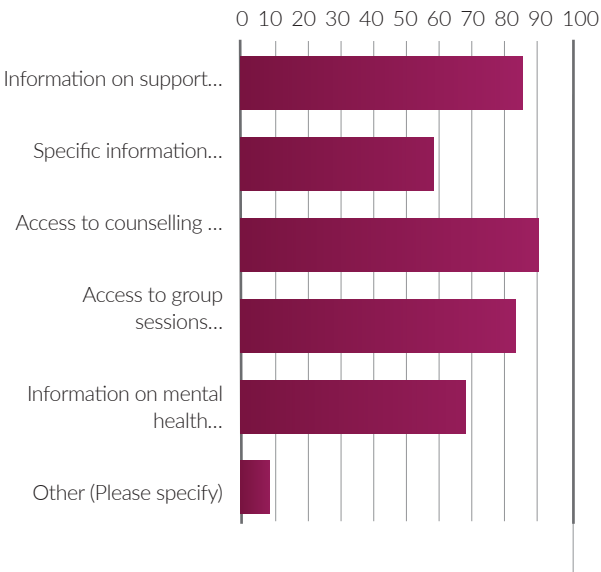
Q.3 What is your preferred format for receiving information on mental health? Please list 1 being your first preference and 5 least preferred.

Answered: 29 Skipped: 1



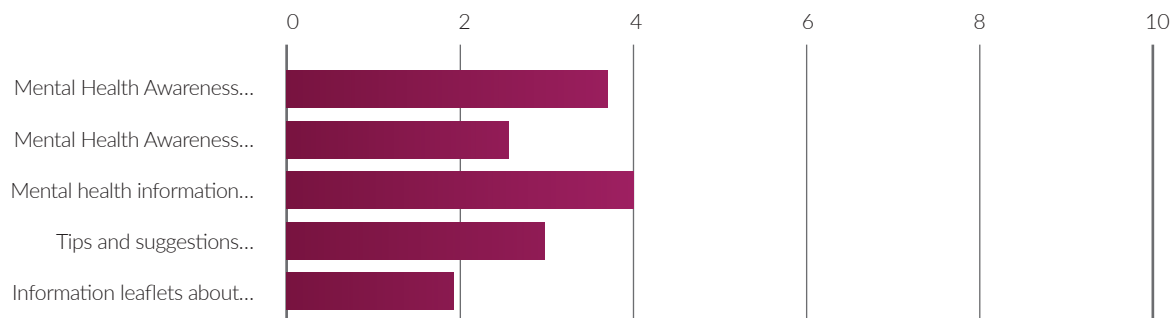
Q.4 Please tick which of these initiatives that you think would be of benefit to family members or friends of those experiencing mental health issues?

Answered: 29 Skipped: 0



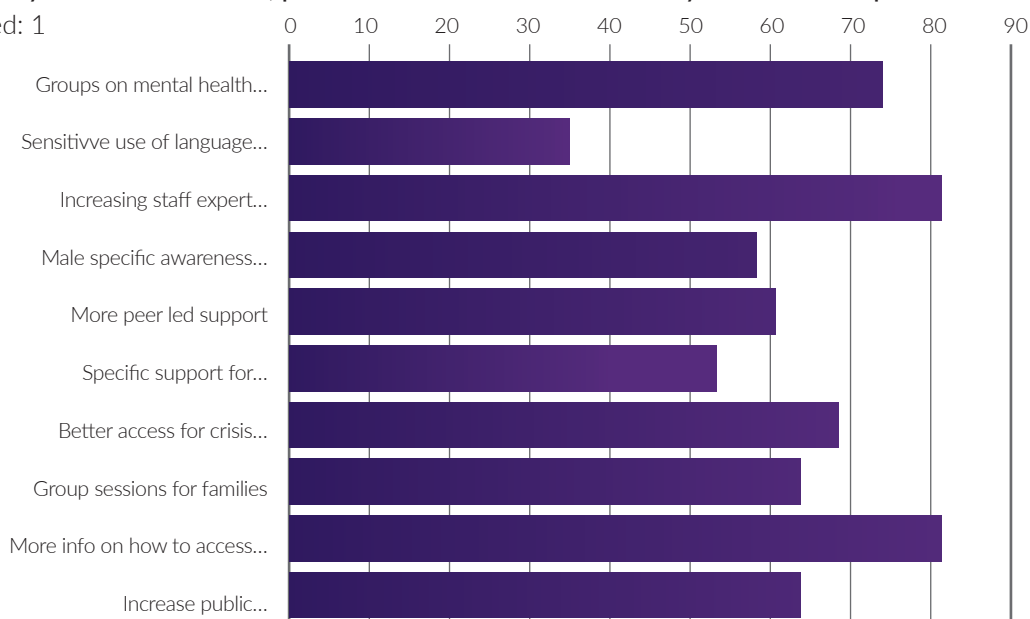
Q.5 Which of these initiatives do you think would help increase Public Wawareness on Matters relating to mental health? Please rnk in order of 1 being the most important and 5 least important.

Answered: 28 Skipped: 1



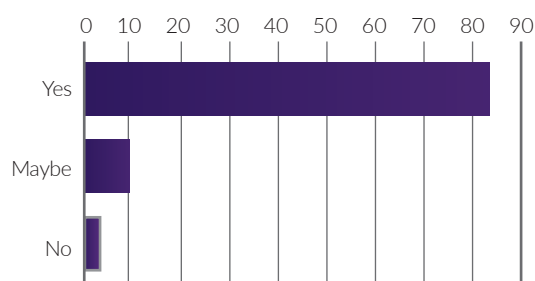
Q.6 In order to improve everyone's mental health, please tick which of the initiatives you think are important?

Answered: 28 Skipped: 1



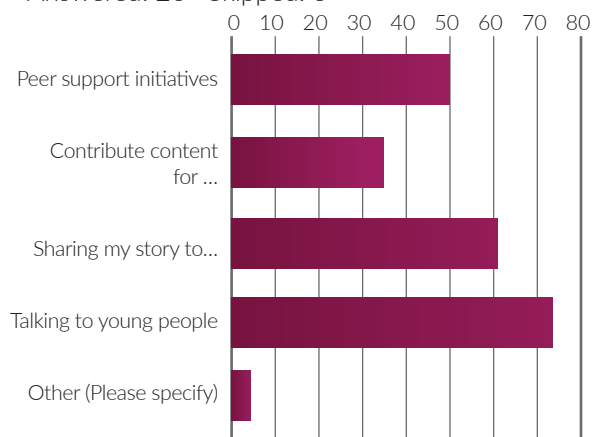
Q.7 Would you like to remain involved in helping increase people's awareness of mental health?

Answered: 28 Skipped: 1



Q.8 If you answered yes or maybe to question 7, please indicate how you would like to get involved.

Answered: 26 Skipped: 3



Appendix 3: Question 9 - In their own words

The following are extracts from the submissions in the comments box in the survey which have also informed the discussion and recommendations.

“

Just that we were even asked like. Even for to come here and ask. I feel it's an important issue. But it's very hush-hush.

“

Someone sat down eye to eye and spoke to me and asked me... that's what helped

“

I think the fact that you can talk so openly about people sets a great example and pace. You are demonstrating a whole different approach to this, not something you have to hide.

“

I think the word mental blocks a lot of people

“

Unfortunately 'mental' can come across as being a bit frightening.

“

A lot of people feel isolated and don't want to be around people.

“

I wish it was easy. Not everyone understands.

“

The anxiety is horrific.

“

My mental health suffered because of my addiction.

“

Yes the surface piece is the drugs, and yes education matters ... the other thing that matters is what is under the surface ... the language piece and helping people discuss feelings and that's okay even if you are a male

“

When I think of mental health drugs come into my mind straight away. Addiction doesn't. Being isolated comes into my mind. Being unhygienic... that's a big thing as well like

“

Easier to talk about it here. We all come from similar backgrounds. Outside it's very hard to talk about it.

“

You need rehabilitating for mental health too. You cant just fire tablets at a person and expect it to change. Action on both areas and not separate

“

When you try and explain to your family it's a nightmare.

“

Too much pain for them. They cant understand the insanity of it.

“

My mother went with me (to the clinic) It was hard. She didn't want to think I was different

“

They didnt ask or understand. They werent interested. They didn't have the time, make the time. The language isn't there for them to understand.

“

We need a lot more education for young people. All the education they get is 'don't touch drugs they are bad for you'.

“

Through the meetings I have just learned I have to live my life I have to get strong

“

There is no way on gods earth I would have got through with out that family meeting

“

You have to look after you first. That's the hardest. That's the hardest lesson I took out of tigin And I said hold on a minute I am no good to anyone if I am not ok.

“

As a parent you often blame yourself what did you do, what didn't you do, when they were young. What did you not pick up on or what ever. I think that initially stops parents going for support or some kind of help

Appendix 4 Learning Points from Phase 2

- » The role of the contact person in each organisation was critical to facilitating the engagement with the service users, enabling the co-production process and following through with the project consultant (ML) with tasks related to consultation.
- » The contact person needed to set the scene for service users to understand what the consultation was seeking to achieve and set up an environment where they would feel safe about sharing their experiences.
- » As the subject matter of mental health often relates to emotional, personal and sensitive experiences, it took a lot of courage for service users to volunteer to participate and share their perspectives. The challenge of enabling service users to participate meaningfully should not be understated, particularly for those who have had traumatic lived experiences of mental health issues, and debriefing for participants is an essential component of this process.
- » The co-production element added real strength to the process, and participants valued being asked to share their views on this topic. However, due to unforeseen turnover of clients within one service, the continuity was disrupted.
- » The restrictions imposed by COVID required one of the consultation meetings to take place virtually and other meetings were delayed. This impacted somewhat on the project connectedness, continuity and engagement.

Increasing
Understanding of
Mental Health

Phase 1 Report July 2021

*The views of service users on what would help increase
awareness on matters relating to mental health*



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